

Docket No. 380-151 III

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

NOV 24 2003

OFFICIAL

In re application of

DANIELLE M. HAFLING ET AL.

Serial No.: 10/631,231

Filed: July 31, 2003

For: BAGLESS VACUUM CLEANER
WITH REMOVABLE DIRT CUPVIA FACSIMILE: TC 1700
703-872-9310Supplemental DeclarationCommissioner for Patents
Alexandria, VA 22202

Sir:

Following is a Supplemental Declaration signed by all inventors in this patent application. The enclosed PTO/SB/01 form contains the priority application information which was inadvertently omitted from the Declaration filed with this patent application on July 31, 2003.

Respectfully submitted,

KING & SCHICKLI, PLLC

Warren D. Schickli
Registration No. 31,057247 North Broadway
Lexington, Kentucky 40507
(859) 252-0889

11/24/03 15:28 FAX 8592520779

KING & SCHICKLI PLLC

002

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence
is being sent via facsimile transmission to
to: Commissioner for Patents, Alexandria,
Virginia, Fax No. 703-872-9310 on

11-23-03

Nov. 23, 2003 

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains
a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	380-151 III
First Named Inventor	Danielle M. Hafling
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BAGLESS VACUUM CLEANER WITH REMOVABLE DIRT CUP

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 358(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by circling the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/424,425	11/07/2002	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

11/24/03 15:29 FAX 8592520779
07/28/03 17:00 FAX 8592520779

KING & SCHICKLI PLLC
KING & SCHICKLI PLLC

+ MATSUSHITA

004
 018

Please type a plus sign (+) inside this box +

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(e) of any PCT International application designating the United States of America, listed below and, insert as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which becomes available between the filing date of the prior application and the international PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 001009 → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label 001009 OR Correspondence address below

Name		
Address		
Address		
City	State	ZIP
Country	Telephone	Fax

(859) 252-0889 (859) 252-0779

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned Inventor

Given Name (first and middle if any) Family Name or Surname
DANIELLE M. HAPLING

Inventor's Signature	DANIELLE M. HAPLING	Date	11/24/03				
Residence City	LANCASTER	State	KY	Country	US	Citizenship	US
Post Office Address	1442 BETHEL ROAD						
Post Office Address							
City	LANCASTER	State	KY	Zip	40444	Country	US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

[Page 2 of 2]

11/24/03 15:29 FAX 8592520778
07/28/03 17:00 FAX 8592520779

KING & SCHICKLI PLLC
KING & SCHICKLI PLLC

+ MATSUSHITA

005
 017

Please type a plus sign (+) inside this box →

PTD/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOEL E.		HITZELBERGER	
Inventor's Signature			Date 7-31-03
Residence: City DANVILLE	State KY	Country US	Citizenship US
Mailing Address 144 E. MASON AVENUE			
Mailing Address			
City DANVILLE	State KY	zip 40422	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ALAN T.		PULLINS	
Inventor's Signature			Date 7/31/03
Residence: City LEXINGTON	State KY	Country US	Citizenship US
Mailing Address 124 TRANSCRIPT AVE., APT. 9			
Mailing Address			
City LEXINGTON	State KY	zip 40508	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.